



Figure 1 Residual myocardial blood flow (MBF_{occ}) during angioplasty in patients with (group 1) and without (group 2) ischaemia; dashed and dotted lines indicate mean ± 1 SD MBF_{occ} of the respective groups.

Regarding the definition of ischaemia, electrocardiogram changes as a surrogate end point are well established during angioplasty.⁵ Metabolic studies such as coronary blood sampling or metabolic imaging are not feasible in this setting. Regional wall motion analysis was unreliable in most cases, as we had to use atypical views showing only the target territory and adjacent segments with the patients in supine position.

Ultrasound contrast agents are pure intravascular tracers and perfusion measurements by MCE do not interfere with metabolic dysfunction that accrues early in ischaemia. Regarding the clinical implications of the presented results, we therefore suggest that MBF measurements by MCE can be used for myocardial viability studies without metabolic assessment as required by positron electron tomography.

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